## Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD Effective January 1, 2003

| FOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                         |                                          | CLAIMS AS                                |                                  | FILED - PART I<br>(Column 1)        |                          | (Column 2)                             |                                                | SMALL ENTITY TYPE |             |          | OTHER THAN  |                        |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|------------------------------------------|------------------------------------------|----------------------------------|-------------------------------------|--------------------------|----------------------------------------|------------------------------------------------|-------------------|-------------|----------|-------------|------------------------|--|
| TOTAL CHARGEABLE CLAIMS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | TOTAL CLAIMS            |                                          |                                          | 13                               |                                     |                          |                                        | F                                              | ATE               | FEE         | 1        | RATE        | FEE                    |  |
| NDEPENDENT CLAIMS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | FOR                     |                                          |                                          | NUMBER FILED                     |                                     | NUME                     | NUMBER EXTRA                           |                                                | IC FEE            | 375.00      | ΟP       | BASIC FEE   | 750.00                 |  |
| NUMBER   N   | TOTAL CHARGEABLE CLAIMS |                                          |                                          | 13 minus 20=                     |                                     | * O                      |                                        | X                                              | \$ 9=             |             | OR       | X\$18=      |                        |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2  * If the difference in column 1 is less than zero, enter "0" in column 2  * CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)  * CLAIMS REMAINING AFTER AMENDMENT PREVIOUSLY PAID FOR AMENDMENT PREVIOUSLY PAID FOR PREVIOUSLY PAID FOR PREVIOUSLY PAID FOR AFTER AMENING AFTER PREVIOUSLY PAID FOR AFTER PREVIOUSLY PAID FOR AFTER AMENING AFTER PREVIOUSLY PAID FOR AMENDMENT PREVIOUSLY PAID FOR AMENDMENT PREVIOUSLY PAID FOR AMENDMENT PREVIOUSLY PAID FOR AMENDMENT PREVIOUSLY PAID FOR AMENDMENT PAID FOR AMENDMENT PREVIOUSLY PAID FOR AMENDMENT PAID FOR AMENDMENT PREVIOUSLY PAID FOR AMENDMENT PREVIOUSLY PAID FOR AMENDMENT PAID FOR AMENDMENT PREVIOUSLY PAID FOR AMEND | INDEPENDENT CLAIMS      |                                          |                                          | 2 mi                             | nus 3 =                             | * 0                      | ×                                      | 42=                                            |                   |             | X84=     |             |                        |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2  CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)  CLAIMS REMAINING AFTER AMENDMENT Total  Total  CCOlumn 1) (Column 2)  (Column 2) (Column 3)  CLAIMS REMAINING AFTER AMENDMENT TOTAL  CCOlumn 3)  CLAIMS REMAINING AFTER PREVIOUSLY PRESENT REMAINING AFTER AMENDMENT PREVIOUSLY PRESENT TOTAL  CCOlumn 3)  CLAIMS REMAINING AFTER AMENDMENT PREVIOUSLY PRESENT TOTAL  CCOlumn 3)  CLAIMS REMAINING AFTER AMENDMENT PREVIOUSLY PRESENT TOTAL  CCOlumn 3)  CLAIMS REMAINING AFTER PREVIOUSLY PRESENT TOTAL  CCOlumn 3)  CLAIMS REMAINING AFTER AMENDMENT PREVIOUSLY PRESENT TOTAL  CCOlumn 3)  CLAIMS REMAINING AFTER PREVIOUSLY PRESENT TOTAL  CCOlumn 3)  CLAIMS REMAINING AFTER PREVIOUSLY PRESENT TOTAL  CCOlumn 3)  CLAIMS REMAINING AFTER AMENDMENT PREVIOUSLY PRESENT TOTAL  CCOlumn 3)  CLAIMS REMAINING AFTER AMENDMENT PREVIOUSLY PRESENT TOTAL  CCOlumn 3)  CLAIMS REMAINING AFTER AMENDMENT PREVIOUSLY PRESENT TOTAL  CCOlumn 3)  CLAIMS REMAINING AFTER AMENDMENT PREVIOUSLY PRESENT TOTAL  CCOlumn 3)  CLAIMS REMAINING AFTER AMENDMENT PRESENT TOTAL  COR ADDIT. FEE  ADDIT. FEE  COR  X\$18=  CLAIMS REMAINING ADDIT. FEE  TOTAL  OR ADDIT. FEE  ADDIT. FEE | ML                      | ILTIPLE DEPEN                            | IDENT CLAIM P                            | RESENT                           |                                     |                          |                                        | -                                              | 140=              |             | 1        | +280=       |                        |  |
| CLAIMS AS AMENDED - PART                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | * If                    | the difference                           | in column 1 is                           | less than ze                     | ss than zero, enter "0" in column 2 |                          |                                        | <u> </u>                                       |                   |             | <b>}</b> |             |                        |  |
| CCAIMS   REMAINING   RESENT   REMAINING    |                         | C                                        | LAIMS AS A                               | MENDED - PART II                 |                                     |                          |                                        |                                                |                   |             | ] •      | Į           | THAN                   |  |
| REMAINING AFTER AMENDMENT   PREVIOUSLY PRESENT PREVIOUSLY PRESENT PREVIOUSLY PREVIOUSLY PRESENT AMENDMENT   PREVIOUSLY PRESENT PRESENTATION OF MULTIPLE DEPENDENT CLAIM   TOTAL ADDIT. FEE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | _                       |                                          |                                          |                                  |                                     |                          | (Column 3)                             | S                                              | MALL              | ENTITY      | OR       | SMALL       | ENTITY                 |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | AMENDMENT A             |                                          | REMAINING<br>AFTER                       |                                  | NUME<br>PREVIC                      | BER<br>DUSLY             |                                        | R                                              | ATE               | TIONAL      | - T.J.   | RATE        | TIONAL                 |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                         | ļ                                        | *                                        | Minus                            | **                                  |                          | =                                      | .×                                             | \$ 9=             |             | OR       | X\$18=      |                        |  |
| 140=   OR   +280=   OR   ADDIT FEE   O   |                         | L                                        |                                          | <u> </u>                         | 1                                   |                          |                                        | X                                              | 42=               |             | OR       | X84=        |                        |  |
| Column 1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <u> </u>                | FIRST PRESE                              | INTATION OF MI                           | ULTIPLE DE                       | PENDENI                             | CLAIM                    |                                        | +1                                             | 40=               |             | OR       | +280≈       |                        |  |
| Column 1   Column 2   Column 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                         |                                          |                                          |                                  |                                     |                          |                                        |                                                |                   |             |          | TOTAL       | <u></u>                |  |
| CLAIMS REMAINING AFTER AMENDMENT  Total  * Minus  **   PREVIOUSLY PAID FOR  Total  * Minus  **     Independent   *   FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  CColumn 1)  CColumn 2)  CColumn 3)  CLAIMS REMAINING AMENDMENT  FEE   (Column 1)  CColumn 2)  CColumn 3)  CLAIMS REMAINING ADDIT. FEE  (Column 3)  CLAIMS REMAINING ADDIT. FEE  ADDIT. FEE  OR ADDIT. FEE  OR ADDIT. FEE  ADDIT. FEE  OR ADDIT. FEE  O |                         |                                          | (Column 1)                               |                                  | (Colum                              | nn 2)                    | (Column 3)                             | ADD                                            | T. FEE            | <b></b> _   | 10       | ADDIT. FEE  | L                      |  |
| Column 1)   Column 2)   Column 3)   CLAIMS   HIGHEST   NUMBER   PRESENT   EXTRA   AMENDMENT   PAID FOR   PAID FOR   Total   * Minus   **   Minus   M   | AMENDMENT B             |                                          | CLAIMS<br>REMAINING<br>AFTER             |                                  | HIGH<br>NUM!<br>PREVIO              | EST<br>BER<br>OUSLY      | PRESENT                                | R                                              | ATE               | TIONAL      |          | RATE        | TIONAL                 |  |
| Column 1)   Column 2)   Column 3)   CLAIMS   HIGHEST   NUMBER   PRESENT   EXTRA   AMENDMENT   PAID FOR   PAID FOR   Total   * Minus   **   Minus   M   |                         | Total                                    | *                                        | Minus                            | **                                  |                          | =                                      | Х                                              | \$ 9≃             |             | OR       | X\$18=      |                        |  |
| TOTAL   OR   +280 =   OR   TOTAL   OR   ADDIT. FEE   OR   ADDIT.   |                         | <del></del>                              |                                          | L                                | <u> </u>                            |                          | 1                                      | X                                              | 42=               |             | OB       | X84=        |                        |  |
| (Column 1) (Column 2) (Column 3)  CLAIMS REMAINING AFTER AMENDMENT  Total  * Minus  **  Independent  * Minus  **  ADDIT. FEE  ON ADDIT. FEE  ADDIT. FEE  ON ADDIT. FEE  ADDIT. FEE  ON ADD | _                       | FIRST PRESE                              | NTATION OF MI                            | JLTIPLE DEI                      | PENDENT                             | CLAIM                    |                                        | +1                                             | 40=               |             |          | +280=       |                        |  |
| (Column 1) (Column 2) (Column 3)  CLAIMS REMAINING AFTER AMENDMENT  Total  * Minus  **  Independent  * Minus  **  Independent  CLAIMS REMAINING AFTER AMENDMENT  RATE  PRESENT EXTRA PRESENT EXTRA  RATE  TIONAL FEE   CR  X\$9=  CR  X\$18=  X42=  CR  X84-  CR  X84-  CR  CR  CR  CR  CR  CR  CR  CR  CR  C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                         |                                          |                                          |                                  |                                     |                          |                                        |                                                |                   |             | OB.      |             |                        |  |
| REMAINING AFTER AMENDMENT PREVIOUSLY PAID FOR PRESENT EXTRA  Total * Minus ** = X\$9= OR X\$18=                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         | ,                                        | (Column 1)                               |                                  | (Colun                              | nn 2)                    | (Column 3)                             | AUU                                            | 1. FEE            | <del></del> |          | AUUII. FEEI | <del></del>            |  |
| Total * Minus ** = X\$ 9= OR X\$18= OR X\$42= OR X84=                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | AMENDMENT C             |                                          | REMAINING<br>AFTER                       |                                  | NUME<br>PREVIO                      | BER<br>DUSLY             |                                        | R                                              | ATE               | TIONAL      |          | RATE        | ADDI-<br>TIONAL<br>FEE |  |
| Independent * Minus *** = X42= Op X84=                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                         | Total                                    | *                                        | Minus                            | **                                  |                          | =                                      | X                                              | 9=                |             | OR       | X\$18=      |                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         | <u> </u>                                 | <u> </u>                                 | <u> </u>                         |                                     |                          | 4                                      | X                                              | 42=               |             |          | X84=        |                        |  |
| PIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Ľ                       | FIRST PRESE                              | NTATION OF M                             | ULTIPLE DE                       | PENDENT                             | CLAIM                    |                                        | <del>                                   </del> |                   |             | OR       | <u> </u>    |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. +140≈ OR +280=                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | *                       | If the entry in colu                     | mn 1 is less than t                      | ne entry in colu                 | ımn 2. write                        | "0" in co                | olumn 3.                               |                                                |                   |             | OR       |             |                        |  |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | **                      | If the "Highest Nu<br>If the "Highest Nu | mber Previously Pa<br>Imber Previously P | aid For" IN TH<br>aid For" IN TH | IS SPACE is<br>IS SPACE is          | s less tha<br>s less tha | an 20, enter "20."<br>an 3, enter "3." | ADDI                                           | T. FEE            |             | •        | ADDIT. FEE  |                        |  |